

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP ATT; BONNIE  
**LARUSSO** MICHELLE ARBITRIO  
 U S DISTRICT COURT EASTERN DISTRICT STATE OF NEW YORK

AMERICAN GENERAL LIFE INSURANCE COMPANY

index No. CV 09

5428

Date Filed

HANA SALAMON, ETAL

PLAINTIFF

- VS -

DEFENDANT

Office No.  
07478.00456

Court Date.

STATE OF NEW YORK, COUNTY OF NEW YORK :SS:

**RONALD IOVINO** being duly sworn, deposes and says; I am over 18 years of age, not a party to this action, and reside in the State of New York, Jersey  
 That on the 21ST day of DECEMBER, 2009 2:10PM at

13 LOUISBURG SQUARE  
 LAKEWOOD NJ 08701

I served the **SUMMONS AND COMPLAINT**,  
 upon **JOEL KATZ, INDIVIDUALLY AND AS TRUSTEE FOR THE HANA FAMILY TRUST**  
 the **DEFENDANT** therein named by delivering and leaving a true copy or copies of the aforementioned documents with **JOEL KATZ, INDIVIDUALLY AND AS TRUSTEE FOR THE HANA FAMILY TRUST**

said **DEFENDANT** personally.

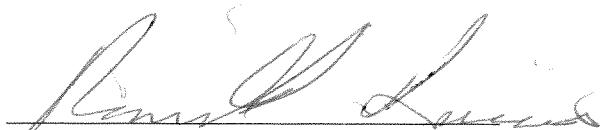
Deponent describes the person served as aforesaid to the best of deponent's ability at the time and circumstances of the service as follows.

SEX: **MALE** COLOR: **WHITE** HAIR: **BROWN**  
 APP.AGE: **40** APP. HT: **5'8** APP. WT: **175**  
 OTHER IDENTIFYING FEATURES

That at the time of service, as aforesaid, I asked the **DEFENDANT** whether he/she was in the military service of the United States Government, or of the State of New York, and received a negative reply. Upon information and belief based upon the conversation and observation as aforesaid I aver that the **DEFENDANT** is not in the military service, and is not dependent on anyone in the military service of the United States Government or the State of New York, as that term is defined in statutes of the State of New York, or of the Federal Soldiers and Sailors Civilian Relief Act.

Sworn to before me this  
 23RD day of DECEMBER, 2009

SAMSON NEWMAN  
 Notary Public, NEW YORK COUNTY  
 01NE4783767  
 Qualified in NEW YORK COUNTY  
 Commission Expires 11/03/2013

  
 RONALD IOVINO  
 AETNA CENTRAL JUDICIAL SERVICES  
 225 BROADWAY, SUITE 1802  
 NEW YORK, NY, 10007  
 Reference No: 7-WEMED-51199